FORM 3X

FE6AN026

## **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

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1.		JSE FEC MAILING LABEL OR TYPE OR PRINT	Example:If typing, type over the lines	Cont., Tat., 17-contential and Contential Co
L	National Nurses United for Pa	itient Protection		
L				
ADDRESS (number and street) 888 16th Street, NW				
	Check if different than previously reported. (ACC)	Suite 640 Washington		DC 20006
2.	FEC IDENTIFICATION NUM	BER ♥CI	TY A	STATE A ZIPCODE A
	THE THE PROPERTY OF THE PROPER		STHIS X NEW REPORT (N) OR	AMENDED (A)
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Quarterly Report(Non-election Year Only) (MY)  Termination Report (TER)	Due On:  Ma  Api  (c) 12-Day  PRE-Election  Report for the:  (d) 30-Day  Post -Election  Report for the:	D 20 (M2) May 20 (M5)  or 20 (M3) Jun 20 (M6)  or 20 (M4) Jul 20 (M7)  Primary (12P)  Convention (12C)  ion on General (30G)	Sep 20 (M9)  Sep 20 (M9)  Vear Only)  Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 07 01 2010 through 09 30 2010				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Carolyn Hietamaki				
		ically Filed by Carelyn Hiet	John Heile	0 13 £0/0 M
NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.				
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